



USAID | AFGHANISTAN

Office of Social Sector Development HEALTH PORTFOLIO January 12, 2011

BILATERAL PROJECTS

Health Services Delivery Grant – Partnership Contracts for Health (PCH)

Implementer: Ministry of Public Health (MoPH)

Duration: July 2008 – January 2014

Estimated Budget: \$236 million

COTR: Dr. Ibrahim Maroof

Through a host-country contract mechanism, USAID's PCH project supports the delivery of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) in more than 500 health facilities including district hospitals, comprehensive health centers, basic health centers, and sub-health center clinics, and approximately 5,000 health posts. USAID supports delivery of BPHS and EPHS in Badakhshan, Baghlan, Bamyan, Faryab, Ghazni, Hirat, Jawzjan, Kabul, Kandahar, Khost, Paktika, Paktya, and Takhar provinces, and the World Bank and the European Community support the remaining provinces. The Ministry of Public Health runs the facilities through contracted non-government organizations. The BPHS and EPHS programs are the Government of the Islamic Republic of Afghanistan's national strategies to deliver and expand health services to address the most common health problems throughout Afghanistan. The Ministry is the first government agency within Afghanistan certified to receive direct funding from USAID.

Technical Support to the Central and Provincial Ministry of Public Health (Tech-Serve)

Implementer: Management Sciences for Health (MSH)

Duration: July 2006 – September 2011

Estimated Budget: \$84 million

AOTR: Dr. Mohammad Faiz

Tech-Serve aims to build the capacity of the Ministry of Public Health (MoPH) to serve as the steward of a health system able to improve the health status of the population. Tech-Serve works closely with the MoPH to strengthen its ability to plan, manage, and monitor the delivery of the BPHS and EPHS; improve the capacity of Provincial Health Offices (PHO) to oversee health services in 18 provinces; and enhance planning, management, supervision, monitoring and leadership capacity at the MoPH. Tech-Serve has also assisted the MoPH to develop national policies and strategies to guide health programming including national standards for health care delivery, a national child health policy, the national hospital reform strategy, and national family planning policies and practices. Additionally, Tech-Serve purchases and distributes pharmaceuticals to BPHS and EPHS health facilities in the 13 provinces supported by USAID (33 percent of budget).

Health Service Support Project (HSSP)

Implementer: JHPIEGO

Duration: July 2006 - November 2011

Estimated Budget: \$60 million

AOTR: Dr. Ibrahim Maroof

In collaboration with the Ministry of Public Health (MoPH), HSSP provides technical assistance and capacity building support to MoPH-contracted non-government organizations to improve the planning, management, implementation, and quality of BPHS and EPHS delivery in 13 USAID-funded provinces. Specifically, HSSP works with the MoPH to improve the quality of services provided to women of reproductive age and children less than age five; increase the number and performance of BPHS and EPHS service providers; improve the capacity and willingness of communities to make informed decisions about their health; and integrate gender awareness and gender-sensitive practices into BPHS and EPHS service delivery. Through HSSP, USAID has supported the development of 12 community-based midwifery education programs in Bamyan, Badakhshan, Ghor, Jawzjan, Khost, Laghman, Logar, Nooristan, Paktika, Paktya, Takhar, and Wardak provinces and established 2 hospital-based midwifery training programs in Kabul and Hirat. USAID has also provided organizational capacity-building technical support to the Afghan Society of Obstetricians and Gynecologists, the Afghan Midwives Association, and the National Midwifery

Educational Accreditation Board. Additionally, HSSP collaborates with the Afghan Center for Training and Development to conduct gender research and to promote the integration of gender awareness into health provision.

Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan (COMPRI-A)

Implementer: *Futures Group International*

Duration: *February 2006 – November 2011*

Estimated Budget: *\$35 million*

Activity Manager: *Susan Brock*

COMPRI-A focuses on improving the capacity of the private sector to provide health products throughout Afghanistan and promote healthy behaviors for individuals, families, and communities. The project targets the private sector providers such as pharmacies and private doctors with the aim of reaching people who do not utilize or have no access to public services. Additionally, the project supports mass media campaigns through local television, radio stations, mobile cinema and live theater performances, and works with mullahs, imams and other key influencers to reinforce knowledge and behaviors about child survival, birth spacing and water treatment solutions that reduce diarrheal diseases. Health products, such as contraceptives, oral rehydration salts, and water purification tablets are distributed through over 4,800 retail outlets. COMPRI-A has been instrumental in creating and developing the Afghanistan Social Marketing Organization to take over social marketing activities once the project ends, and has also provided technical assistance to Khalid Irshad Pharmaceuticals, the first pharmaceutical company to receive ISO 9000 certification in Afghanistan.

Basic Support for Institutionalizing Child Survival-III (BASICS-III)

Implementer: *The Partnership for Child Health Care, Inc*

Duration: *September 2008 – September 2011*

Estimated Budget: *\$4 million*

COTR: *Dr. Iqbal Roshani*

BASICS-III is a global program that supports sustainable reductions in less than age five mortality. In Afghanistan, BASICS-III aims to improve the effectiveness and accessibility of child health, nutrition and related pediatric services through the development and integrated implementation of high impact interventions to prevent and reduce illness, mortality and malnutrition among Afghan children under five. BASICS/Afghanistan coordinates closely with HSSP and Tech-Serve to assist central, provincial and community levels of the health system to achieve and maintain reductions in infant and child mortality. In collaboration with the Ministry of Public Health (MoPH) Department of Child and Adolescent Health, BASICS assisted in the development of a Child and Adolescent Health Policy a Child Health Strategy and a strategic framework for implementing the policy. Additionally, BASICS/Afghanistan works closely with MoPH-managed non-government organizations in 13 USAID-supported provinces to improve their capacity to deliver an integrated package of child health services within the BPHS and EPHS. These services include growth monitoring and promotion, maternal and newborn care, and immunization.

FIELD SUPPORT PROJECTS

Strengthening Pharmaceutical System (SPS)

Implementer: *Management Science for Health (MSH)*

Duration: *May 2008 – September 2011*

Estimated Annual Budget: *\$4.5 million*

Activity Manager: *Susan Brock*

SPS is a global program that improves the availability of quality medicines and health commodities for priority interventions and promotes their appropriate use. SPS works closely with the Ministry of Public Health (MoPH) to improve the rational use of medicine, build the capacity of MoPH to manage pharmaceutical services, strengthen the capacity of the MoPH to ensure the quality of pharmaceutical products entering and used within the country, establish a coordinated procurement and distribution system, and design a system for USAID procurement of pharmaceuticals. SPS builds on the work initiated under other projects to further advance the pharmaceutical management system in Afghanistan. Through the project, SPS has worked with the MoPH General Directorate of Pharmaceutical Affairs to authorize the establishment of a National Drug and Therapeutic Committee to improve the selection, procurement, distribution, and rational use of drugs. DTCs will also be established at the provincial level. SPS works with the Kabul University Faculty of Pharmacy to strengthen the curriculum to include the rational use of

medicines and anti-microbial resistance and recently completed a National Medicine Quality Study to assess the quality of pharmaceuticals in the country.

Field Epidemiology and Laboratory Training Program (FELTP)

Implementer: The Center for Disease Control and Prevention (CDC)

Duration: October 2008– September 2011

Estimated Budget: \$1.2 million

Activity Manager: Dr. Ikram Shapor

Through an interagency agreement, USAID is supporting the Ministry of Public Health (MoPH) to build public health capacity via a regional Field Epidemiology Training Program (FELTP). The FELTP is a two-year training and service project designed for health professionals in entry and mid-level positions to build skills in applied epidemiology, surveillance, and enhanced public health practice. Currently, three Afghan experts (two from the MoPH and one from the Ministry of Agriculture, Irrigation and Livestock) are participating in the FELTP program in Islamabad, Pakistan. Twenty percent of their time is spent in classroom instruction and 80 percent of their time is spent conducting field work in Afghanistan. Building on the current program, the MoPH is planning to develop an Afghan FELTP program through funding from the Global Fund for HIV/AIDS, Tuberculosis, and Malaria.

Tuberculosis Control Assistance Program (TB CAP)

Implementer: TB Coalition with KNCV TB Foundation

Duration: October 2009 – June 2011

Estimated Budget: \$5.1 million

COTR: Dr. Ikram Shapor

TB CAP is USAID's flagship mechanism for supporting programs to contribute to the global targets for TB control. In Afghanistan, this program provides technical assistance to the National Tuberculosis Control Program of the Ministry of Public Health (MoPH) and other stakeholders to support the implementation of TB control activities in Afghanistan in line with the Afghanistan National TB Strategy and introduce International Standards of Tuberculosis Care. TB CAP supports the expansion of Directly Observed Therapy Short Course coverage, collaboration with private providers, improvement of laboratory services, and engagement of communities in TB control. TB CAP encourages early case detection and promotes adherence to treatment through community health workers (CHWs), mobile health teams, and non-health sector actors, such as religious leaders and teachers. In addition, TB CAP is supporting the establishment of a drug management information system at the MoPH to reduce stock outs at the health facilities.

Health Care Improvement Project (HCI)

Implementer: University Research Co., LLC

Duration: September 2008 – September 2012

Estimated Annual Budget: \$5 million

Activity Manager: Liane Adams

HCI builds upon work initiated by other USAID programs to establish and implement quality standards for the BPHS and the EPHS. HCI will introduce the health care improvement collaborative approach to the BPHS/EPHS setting. This methodology links proven quality improvement methods with established quality assurance standards that are applied at the facility level for immediate service impact, and subsequently at a central and systems level to sustain quality improvement approaches. The initial focus of the Ministry of Public Health (MoPH) quality improvement collaborative activity is to reduce maternal and neonatal mortality in service delivery. Demonstration projects are underway in Balkh, Kunduz, and Kabul provinces. In Kabul, HCI is working with Rabia Balkhi, Malalai, Isteqlal, and Khair Khana hospitals. HCI is also working with the MoPH to build a culture of quality assurance within the Ministry by incorporating quality improvement principles and approaches into its institutional structure, technical functions, and policies.

WHO Health and Emergency Response Support Grant: Polio Eradication Activities

Implementer: World Health Organization

Duration: September 2003 – September 2011

Estimated Annual Budget: \$1.4 million

Activity Manager: Dr. Iqbal Roshani

WHO supports polio surveillance and supplemental immunization activities throughout Afghanistan. With USAID funds, WHO works closely with the Ministry of Public Health's Department of Expanded Program of Immunizations to implement and strengthen the national polio surveillance system including detection, investigation, confirmation, and response to case of acute flaccid paralysis, the signal condition for polio. Afghanistan is one of only four countries in the world that is endemic for polio.

UNICEF Health and Immunization Response Support

Implementer: UNICEF

Duration: September 2003 – September 2011

Estimated Annual Budget: \$1 million

Activity Manager: Dr. Iqbal Roshani

UNICEF provides support for polio communication and social mobilization activities in high-risk areas in the south and east of Afghanistan, particularly in Hilmand and Kandahar provinces, where new cases of polio have been detected. Activities aim to increase community acceptance of vaccination in order to increase immunization coverage in each successive round. High quality immunization campaigns that reach every child less than age five with oral polio vaccine(s), as many times as needed, will stop virus transmission. UNICEF collaborates closely with the Ministry of Public Health's Department of Expanded Program of Immunizations at the central and provincial levels to implement these activities.

Health Systems 20/20

Implementer: Abt Associates through subcontractor Deloitte

Duration: October 2008 – September 2011

Estimated Annual Budget: \$2 million

Activity Manager: Susan Brock

Health Systems 20/20 is USAID's global health flagship project to strengthen health systems by addressing financing, governance, operations, and capacity systems constraints in an integrated manner. This activity supports Ministry of Public Health (MoPH) development of National Health Accounts (NHA), a universally accepted comprehensive methodology of tracking a country's budget inputs and expenditure flows within a defined period. Knowledge of how budgets flow within the MoPH will serve as a critical input into the development of a solid health financing strategy for Afghanistan and will improve evidence-based decision making by both the GIRoA and donors. NHA data will also assist policy makers in their efforts to better understand their health care system, rationally allocate resources, and improve performance. The project will support the implementation of the MoPH's National Health Care Financing Strategy in several areas, including strengthening non-government organization financial management and reporting, improving MoPH financial planning and management, and exploring the feasibility of health insurance.

Disease Early Warning System (DEWS)

Implementer: World Health Organization

Duration: October 2008 – June 2011

Estimated Annual Budget: \$2.2 million

Activity Manager: Dr. Ikram Shapor

Communicable diseases account for 60 to 80 percent of all curative outpatient visits and over half of all deaths in Afghanistan. Consequently, control of communicable disease is one of the highest priorities for the Ministry of Public Health (MoPH). In mid-2006, USAID developed an expanded version of a Disease Early Warning System (DEWS) for Afghanistan. The program aims to reduce morbidity and mortality through early detection and response to disease outbreaks. Coordinating across a number of MoPH technical programs, DEWS collects information on 15-targeted communicable diseases, such as avian flu, measles, pertussis, acute respiratory infections (ARI), typhoid, and malaria on a weekly basis from 175 sentinel sites across all 34 provinces. In addition, to further expand diagnostic capabilities in support of DEWS, WHO works with the Cross Border Malaria Program to strengthen malaria laboratory diagnosis capabilities in Badakhshan, Takhar, Baghlan, and Kunduz, four high-risk provinces bordering Tajikistan.

MEASURE DHS: Afghanistan Mortality Study

Implementer: ICF MACRO

Duration: May 2009 – September 2011

Estimated Budget: \$3.5 million

Activity Manager: Susan Brock

Afghanistan has one of the highest maternal mortality rates in the world. To assess objectively the progress made in the health sector towards the MDGs and the Afghan National Development Strategy objectives, the Ministry of Public Health and other stakeholders are committed to conducting a survey to measure maternal mortality and other causes of death in Afghanistan. The study will provide national and regional data based on a nationally representative sample of 24,000 households. The study will establish the first national baseline of maternal mortality in Afghanistan. The project is complemented with support from UNICEF, UNFPA, and WHO.

Health Research Challenge for Impact: Reproductive Age Mortality Survey (RAMOS) II

Implementer: Johns Hopkins University

Duration: July 2010 – December 2011

Estimated Budget: \$1.6 million

Activity Manager: Susan Brock

The study will repeat the original RAMOS survey conducted in 2002 in four districts for comparison purposes and document the changes in maternal mortality in those districts, risk factors, and barriers to health care access to help inform health service delivery and shape future policies.

CENTRALLY FUNDED PROJECTS

UNICEF Salt Iodization in Afghanistan

Implementer: UNICEF

Duration: October 2009 – present

Estimated Budget: \$250,000

COTR: Malia Boggs

In 2003, Afghanistan embarked on Universal Salt Iodization through a public and private partnership with financial resources from USAID, the Government of Japan and other donors with the goal of eliminating iodine deficiency disorders by ensuring that 90 percent of the households in Afghanistan have access and consume iodized salt. Small scale salt traders were identified who agreed to form cooperatives that were provided with salt iodization plants and in turn, cooperatives contributed land, buildings, personnel and operational costs for iodized salt production. This funding provides potassium iodate, creates awareness and demand for iodized salt, and provides quality control and monitoring.